

Application Data Sheet

## Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Computer Readable Form (CRF)?::	No
Title::	<u>DETERMINATION OF PROTEIN FUNCTION</u>
Attorney Docket Number::	036466-0105
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	22
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

## Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Kris F.
Family Name::	SACHSENMEIER
City of Residence::	Pittsburgh
State or Province of Residence::	Pennsylvania
Country of Residence::	US
Street of mailing address::	
City of mailing address::	Pittsburgh

State or Province of mailing address:: Pennsylvania  
Postal or Zip Code of mailing address:: 15234

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: ✓ Douglas  
Family Name:: KOEBLER  
City of Residence:: Irwin  
State or Province of Residence:: Pennsylvania  
Country of Residence:: US  
Street of mailing address::  
City of mailing address:: Irwin  
State or Province of mailing address:: Pennsylvania  
Postal or Zip Code of mailing address:: 15342

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: ✓ Darrin  
Family Name:: SABOL  
City of Residence:: Pittsburgh  
State or Province of Residence:: Pennsylvania  
Country of Residence:: US  
Street of mailing address::  
City of mailing address:: Pittsburgh  
State or Province of mailing address:: Pennsylvania  
Postal or Zip Code of mailing address:: 15216

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** ✓ Alfred B.  
**Family Name::** BAHNSON  
**City of Residence::** Pittsburgh  
**State or Province of Residence::** Pennsylvania  
**Country of Residence::** US  
**Street of mailing address::**  
**City of mailing address::** Pittsburgh  
**State or Province of mailing address::** Pennsylvania  
**Postal or Zip Code of mailing address::** 15229

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Raymond K.  
**Family Name::** HOUCK  
**City of Residence::** Oakmont  
**State or Province of Residence::** Pennsylvania  
**Country of Residence::** US  
**Street of mailing address::**  
**City of mailing address::** Oakmont  
**State or Province of mailing address::** Pennsylvania  
**Postal or Zip Code of mailing address::** 15139

**Correspondence Information**

**Correspondence Customer Number::**

22428

**E-Mail address::**

PTOMailWashington@foley.com

**Representative Information**

<b>Representative Customer Number::</b>	22428	
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**Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	National Stage of	PCT/US03/014743	05/13/2003
PCT/US03/014743	An application claiming the benefit under 35 USC 119(e)	60/381,089	05/17/2002

**Foreign Priority Information**

<b>Country::</b>	<b>Application number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

**Assignee Information**

**Assignee Name::**

AUTOMATED CELL, INC.